CITY OF TOPEKA

FINANCIAL SERVICES
Pam Simecka, CPA, CGFM
Finance Director
City Hall, 215 SE 7th Street, Suite 358
Topeka, KS 66603-3914
Tel: (785) 368-0919

Community Improvement District Reimbursement Request

Submit requests to: City of Topeka Finance Director
215 SE 7th Street, Suite 358
Topeka, KS 66603 or fax to: 785-368-3975

Submission Date: _____

City Project Number: _____

Request Number: _____

Please visit the following link for CID policies and procedures: http://www.topeka.org/cid.shtml.
Reimbursement is contingent upon sales tax revenue received.

Minimum reimbursement is $1,000.00.
Please include supporting documentation (copies of invoices and checks).

Type *	Vendor Name	Invoice #	Invoice Date	Payment Date	Time period of work	Requested Amount
					Page 1 Total	$ -

Please use page 2 for additional items.

*** Note**
1 = Land Acquisition
2 = Public Infrastructure
3 = Relocation Costs
4 = Demolition
5 = Site Prep
6 = Legal and Third Party Reports

Certification: I certify that the above listed costs are eligible CID costs and were incurred as part of the CID project listed above. Costs have not previously been submitted and they reflect actual costs expended. There are also no outstanding or anticipated liens for the work.

Signature: _____

Date: _____

Phone number: _____

Office Use Only:

Finance Approval:_____

Engineering Approval:_____

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Type *	Vendor Name	Invoice #	Invoice Date	Payment Date	Time period of work	Requested Amount
					Page 2 Total	$ -
				Grand Total		$ -

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